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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |    |                        |                         |
|--|----|------------------------|-------------------------|
|  |    | Application Number     | 10/568,206              |
|  |    | Filing Date            | (Int'l) August 27, 2003 |
|  |    | First Named Inventor   | Dong WANG               |
|  |    | Art Unit               | 1634                    |
|  |    | Examiner Name          | B. Sisson               |
| Total Number of Pages in This Submission | 19 | Attorney Docket Number | 514572001600            |

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form   | <input checked="" type="checkbox"/> Drawing(s)<br>(Replacement -1 figure)               | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply (13 pages, plus Exhibits A, B, C & D)     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):         |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Request for Refund   | PTO/SB/08A/B (1 page)<br>References (5)   |
| <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental – 3 pages) | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                               | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                       | <input type="checkbox"/> Remarks  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                     | <b>CUSTOMER NO. 25225</b>   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP |          |        |
| Signature    | /Yan Leychkis/          |          |        |
| Printed name | Yan Leychkis            |          |        |
| Date         | September 2, 2009       | Reg. No. | 60,440 |